

REPORT of DECEASED MEMBERS

for the year: _____

CHAPTER: _____

PROVINCE: _____

*Please list the names and additional information on chapter members and other known SAIs in your area. **Keep a copy of this form** for your chapter records and **send one (1) copy** to National Headquarters by May 15th.*

1. NAME: _____ Date of death: _____

Initiating chapter: _____

Known chapter affiliations: _____

Known honors received: _____

2. NAME: _____ Date of death: _____

Initiating chapter: _____

Known chapter affiliations: _____

Known honors received: _____

3. NAME: _____ Date of death: _____

Initiating chapter: _____

Known chapter affiliations: _____

Known honors received: _____

4. NAME: _____ Date of death: _____

Initiating chapter: _____

Known chapter affiliations: _____

Known honors received: _____

5. NAME: _____ Date of death: _____

Initiating chapter: _____

Known chapter affiliations: _____

Known honors received: _____

6. NAME: _____ Date of death: _____

Initiating chapter: _____

Known chapter affiliations: _____

Known honors received: _____

Officer completing this form: _____

Office Title: _____ **Date:** _____